MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

CERTIFICATE OF DEATH

12365

Reg. Diat. No. 261

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Somerset

City or town: Manokin Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Manokin Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Edna Westly Beauchamp

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, (married), widowed, or divorced
Female	White	married

6.(b) Name of husband or wife: Winter Beauchamp

6.(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): May 6 1894

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
49	5			

9. Birthplace: Westover, Md.

(Town, county, and state)

10. Usual occupation: Factory workers

11. Industry or business: Canning Factory

MOTHER FATHER

12. Name: Edward Milligan

13. Birthplace: Fairmont, Md.

14. Maiden name: Annie Revell

15. Birthplace: Fairmount, Md.

16. Informant: Winter Beauchamp

Address: Manokin Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 6 1946 (month) (day) (year)

Cemetery or crematory: Fairmount

Location: Fairmount

18. Funeral director: Dale Bashiell

Address: Princess Anne, Md.

19. Dec 5 1946 Ina J Wilson

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 4 1946, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1943, to Dec 4 1946

and that I last saw h[illegible] alive on Dec 3 1946

Immediate cause of death	DURATION
(a) Coronary Thrombosis	24 hrs
Due to (b) Arteriosclerosis & Stenosis	2 yrs
Due to (c)	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Geo A Crellin MD

M. D. or other

Address: Mesick Md Date signed: Dec 4 46

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(13b)

12366

CERTIFICATE OF DEATH

Reg. Dist. No. 26 10

1. PLACE OF DEATH:

County: Somerset

City or town: Rural, Marion, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred: Rural, Marion, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Charlotte Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: CHARLES FRANKLIN BURKE

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Susan Emily Burke
Deceased

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): July 14, 1877

8. AGE: Years	Months	Days	If less than one day
69	5	12	... hrs. ... min.

9. Birthplace: Crisfield-Somerset-Maryland
(Town, county, and state)

10. Usual occupation: Waterman

11. Industry or business: Seafood

FATHER

12. Name: William Burke

13. Birthplace: England

MOTHER

14. Maiden name: Emily Morgan

15. Birthplace: Crisfield, Md.

16. Informant: Mrs. Kate Sterling

Address: Crisfield, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Dec. 30, 1946 (month) (day) (year)

Cemetery or crematory: Crisfield Cemetery

Location: Somerset Ave, Crisfield

18. Funeral director: H. Harvey Bradshaw

Address: Crisfield, Md.

19 Jan 7 1947 (Date rec'd by registrar) Geo. J. Nelson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 26 1946, at 6:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 16 1946, to Dec 26 1946

and that I last saw h— alive on Dec 25 1946

Immediate cause of death	DURATION
Acute Dil. of Heart	2 days
Due to Chronic Int. nephritis	6 mths.
Due to Chronic myocarditis	

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Guy C. Guthrie M.D. — M. D. or other

Address: Marion Station Md. Date signed: Dec 28 46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12367

CERTIFICATE OF DEATH

Reg. Dist. No. 2600

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Somerset
City or town: Mt Vernon
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? All life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Mt Vernon
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3.(a) FULL NAME: John W. Collins

3.(b) Social Security Number: none

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife:
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): April 5, 1883
8. AGE: Years: 63 Months: Days: If less than one day: hrs. min.
9. Birthplace: Mt Vernon, Somerset Md
(Town, county, and state)
10. Usual occupation: Waterman
11. Industry or business: Tonging Oysters
FATHER 12. Name: John W Collins
13. Birthplace: Mt Vernon Md.
MOTHER 14. Maiden name: Georgia Jackson
15. Birthplace: Mt Vernon Md
16. Informant: Geroldine Whitelock
Address: Chance Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 21, 1946 (month) (day) (year)
Cemetery or crematory: Asbury cemetery
Location: Mt Vernon
18. Funeral director: Dale Dashiell
Address: Princess Anne Md.
19. Dec. 20 1946 (Date rec'd by registrar) R. T. Johnson M.D. Registrar g.c.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 19 1946, at 1 P.M.
21. I CERTIFY that death occurred on the date above stated, ~~that I attended deceased from~~ 19 to 19
and ~~that I last saw him~~ alive on 19

	DURATION
Immediate cause of death: Chronic Heart Disease	
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

HENRY M. LANKFORD, M.D. Deputy Medical Examiner for Somerset County

23. SIGNATURE: Henry M. Lankford MD M. D. or other
Address: Princess Anne Md Date signed 12/20/46

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-D)

12368

CERTIFICATE OF DEATH

Reg. Dist. No. 2610

1. PLACE OF DEATH:

County: Somerset

City or town: Marion
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 64 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Marion
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Sarah Jane Corbin

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	Col	Widowed

6.(b) Name of husband or wife: James E. Corbin

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): on known about 1846

8. AGE: Years 105 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Messongo Accomac Co Va
(Town, county, and state)

10. Usual occupation: Houm work

11. Industry or business

FATHER 12. Name: on known

13. Birthplace

MOTHER 14. Maiden name: on known

15. Birthplace

16. Informant: James E. Corbin

Address: Marion Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 15 1946 (month) (day) (year)

Cemetery or crematory: Kingston

Location: Kingston Md.

18. Funeral director: Chas H Ward

Address: Marion Md.

19. Dec 13 46 (Date rec'd by registrar) Emma J Nelson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 9 19 46, at 8 03 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 1 19 46, to Dec 9 19 46

and that I last saw her alive on Dec 9 19 46

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to Chronic Duct nephritis	4 yrs
Due to Chronic myocarditis	
Other conditions Essential Arterio Sclerosis	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Geo A Bullen M.D.
M. D. or other

Address: Marion Md Date signed: Dec 12 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12369

Reg. Dist. No. 2600

1. PLACE OF DEATH:
County: Somerset
City or town: Westover
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: md County: Somerset
City or town: Westover
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3.(a) FULL NAME: Vivian E. Cornish

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	Col	infient

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept 18 - 1946

8. AGE: Years | Months: 2 | Days: 24 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Salisbury wicomico md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Frank Lester Cornish
13. Birthplace: Eden somerset co md

MOTHER
14. Maiden name: Mary Elizabeth Fountain
15. Birthplace: Westover somerset co md

16. Informant: Mary Elizabeth Cornish
Address: Westover Md.

17. burial (Burial, cremation, or removal. Which?) Date thereof: Dec 15-1946 (month) (day) (year)
Cemetery or crematory: Eden
Location: Eden somerset co md.

18. Funeral director: Charles H Ward
Address: Marion Md.

19. Dec 14 1946 (Date rec'd by registrar) R. D. Johnson M.D. Registrar
g.d.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 12, 1946, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 11, 1946, to Dec 12, 1946, and that I last saw her alive on Dec 11 1946.

Immediate cause of death	DURATION
Broncho Pneumonia	1 days
Due to: Bronchitis	
Due to: none	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
injured at home, farm, industry, public place (where?)
Means of injury ..... injured at work?

23. SIGNATURE: G. D. Lemby M.D.
M. D. or other
Address: Salisbury Md. Date signed 12/12/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1 - 35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

12370

Reg. Diat. No. 2700

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 month 2 days

Hospital, Institution, or street address where death occurred:

Home, Lawsonia

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residsnce of mother)

State: Md County: Somerset

City or town: Crsifield

(If outside city or town limits, write RURAL and give nearest town)

Street No.: R. F. D. Lawsonia

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Cecelia Rae Culburtson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 14, 1946

8. AGE: Years: | Months: 1 | Days: 2 | If less than one day: hrs. min.

9. Birthplace: Crsifield, Somerset, Md.
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: Harold Culburtson

13. Birthplace: Unknown

MOTHER — 14. Maiden name: Mildard Morgan

15. Birthplace: Crisfield, MD.

16. Informant: Wilbur Morgan

Address: Crsifield, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/16/46 (month) (day) (year)

Cemetery or crematory: Nelson Cemetery

Location: Lawsonia

16. Funeral director: Howard H. Hubbard

Address: Main Street Crisfield, Md

19. 12/16/46 (Date rec'd by registrar) Agatha E. Franklin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12-16-46 19..... at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 14 19 46, to 12-16 19 46

and that I last saw h.. alive on Nov 14 19 46

Immediate cause of death	DURATION
Prematurity —	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: C. G. Rawley M.D.
M. D. or other

Address: Crisfield Md Date signed 12-16-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

★ 12371

Reg. Dist. No. 7-11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Sixty five years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ..... County .....

City or town .....

(If outside city or town limits, write RURAL and give nearest town)

Street No. .....

(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME Samuel B. Dennis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	married

6.(b) Name of husband or wife Martha E. Dennis

6.(c) If alive, give age —

7. Birth date of deceased (mo., day, yr.) November 10th 1865

8. AGE: Years	Months	Days	If less than one day
81	1	3	..... hrs. ..... min.

9. Birthplace Quantico, Md. Wicomico (Town, county, and state)

10. Usual occupation farmer

11. Industry or business

FATHER 12. Name Benjamine Dennis

13. Birthplace Wicomico Co.

MOTHER 14. Maiden name Shamolet Dennis

15. Birthplace Wicomico Co.

16. Informant Lewis Dennis

Address Princess Anne

17. Buried (Burial, cremation, or removal. Which?) Date thereof 12/15/46 (month) (day) (year)

Cemetery or crematory John Wesley

Location Princess Anne

18. Funeral director William H James Jr

Address Princess Anne

19. Dec 16 46 R. D. Johnson M. D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13th 1946, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1942, to Dec 13 1946

and that I last saw h.... alive on Dec 12th 1946

Immediate cause of death	DURATION
Senile Gangrene of	2 months
Due to Leg leg.	
Due to	
Other conditions Cerebral Haemorrhage	4 years

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Eldon G. Mansmann M. D. or other

Address Pri. Anne, Md. Date signed 12-14-46

135

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

12372

Reg. Dist. No. 2650

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, Institution, or street address where death occurred: Home, 129 4th St. (South)

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: 129 S. 4th St. Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: CHARLIE DIX

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Married

6.(b) Name of husband or wife: Luvenia Johnson Dix

6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): 1886 - month unknown

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
Approx. 60	?	?		

9. Birthplace: Stockton-Worcester-Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Coal

FATHER — 12. Name: Charles Dix

FATHER — 13. Birthplace: Worcester Co., Md.

MOTHER — 14. Maiden name: Hester Bennett

MOTHER — 15. Birthplace: Worcester Co., Md.

16. Informant: Sarah Waters

Address: N. 4th St., Crisfield, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 16, 1946 (month) (day) (year)

Cemetery or crematory: Lawsonia Cemetery

Location: Lawsonia, Crisfield, Md.

18. Funeral director: H. Harvey Bradshaw

Address: Crisfield, Md.

19. 12/14/46 (Date rec'd by registrar) Agatha E. Franklin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 12 1946, at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from a October 1946, to Dec 12 1946

and that I last saw him alive on Dec 12 1946

Immediate cause of death	DURATION
Arteriosclerosis	1 yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Sarah M. Peyton M. D. M. D. or other

Address: Crisfield, Md. Date signed: Dec 14

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45-A)

12373

CERTIFICATE OF DEATH

Reg. Dist. No. 21620

1. PLACE OF DEATH:
County: Somerset
City or town: Rural Pocomoke City Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 Years
Hospital, Institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Rural Pocomoke City Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war —

3. (a) FULL NAME: John D. East

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Ida J. East
6.(c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): September 16-1874

8. AGE: Years: 72 Months: 2 Days: 29 If less than one day: ... hrs. ... min.

9. Birthplace: Westchurch, Accomac, Va. (town, county, and state)

10. Usual occupation: Farming

11. Industry or business: —

MOTHER
12. Name: —
13. Birthplace: —

FATHER
14. Maiden name: Elizabeth Johnson
15. Birthplace: Virginia

16. Informant: John D. East
Address: Rural, Pocomoke City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 8 1946 (month) (day) (year)
Cemetery or crematory: Quinton M.P. Cemetery
Location: Rural Pocomoke City Md.

18. Funeral director: Henry H. Watson
Address: Pocomoke City Md.

19. Dec 8 1946 (Date rec'd by registrar) Mrs Clayton Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 5 1946, at 10:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1946, to Dec 5 1946
and that I last saw h... alive on Dec 3 1946

Immediate cause of death	DURATION
Cancer of Jaw	1 year
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op. —
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury: Injured at work?

23. SIGNATURE: C. E. Pitchford Jr. M.D.
M. D. or other
Address: Date signed Dec 7 46

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12374

Reg. Dist. No. 265

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years
Hospital, institution, or street address where death occurred: 710 Main St (home)
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. 710 Main St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: FRANK FLEMING

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 22, 1880

8. AGE:

Years	Months	Days	If less than one day
66	5	15	..... hrs. ..... min.

9. Birthplace: New York City, N. Y.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden name: Unknown
15. Birthplace

16. Informant: County Welfare Records
Address: Princess Anne, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 10, 1946 (month) (day) (year)
Cemetery or crematory: Asbury Cemetery
Location: Lawsonia, Crisfield, Md.

18. Funeral director: H. Harvey Bradshaw
Address: Crisfield, Md.

19. 12/9/46 (Date rec'd by registrar) Agatha E Tomkin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 7 1946 at 2:30 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19.. to ..... 19.. and that I last saw h.. alive on ..... I was called on ..... Immediate cause of death: Phone —

	DURATION
Due to: Coronary occlusion	
Due to:	
Other conditions: Arteriosclerosis	

(Include pregnancy within 3 months of death.)

Major findings of operations: W. Hall H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER,
Date of op. FOR SOMERSET COUNTY, MD.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:
Accident, suicide, or homicide: Natural Cause Date of ..... 19..
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W H Coulbourn M D M. D. or other
Address: Crisfield Md Date signed: 12/9/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (11)

12375

CERTIFICATE OF DEATH

Reg. Diat. No. 2650

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Nola C. Hearn

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Col.	Married

6.(b) Name of husband or wife Emma R. Hearn
6.(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) July 15, 1882

8. AGE: Years	Months	Days	If less than one day
64	5		hrs. min.

9. Birthplace Crisfield Somerset, Md. (Town, county, and state)
10. Usual occupation Waterman Sea Food
11. Industry or business

FATHER
12. Name Daniel C. Hearn
13. Birthplace Pocomoke City, Md. Worc. Co.

MOTHER
14. Maiden name Sally Wilson
15. Birthplace Crisfield, Somerset, Md.

16. Informant John Hearn
Address Crisfield, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 1 1947 (month) (day) (year)
Cemetery or crematory Lawsonia, Md.
Location Crisfield, Md.

18. Funeral director Charles H. Hard
Address Marion Sta., Md.

19. 12/3/46 (Date rec'd by registrar) Agatha E. Frankl Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1946, at 3:35 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1946, to Dec. 29 1946
and that I last saw him alive on Dec. 29 1946

Immediate cause of death	DURATION
Arteriosclerosis	2 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Sarah M. Peyton M.D. M. D. or other
Address Crisfield Md Date signed Dec. 31 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12378

Reg. Dist. No. 2650

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Somerset

City or town: Loweland R F D
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Loweland
(If outside city or town limits, write RURAL and give nearest town)

Street No.: R F D
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Annie E Jones

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife: None

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 9 1929

8. AGE: Years: 17 | Months: 6 | Days: 16 | If less than one day: hrs. min.

9. Birthplace: Loweland Md
(Town, county, and state)

10. Usual occupation: Packer Canning House

11. Industry or business: John S Haley

FATHER 12. Name: Ernest L. Jones

FATHER 13. Birthplace: Somerset Co

MOTHER 14. Maiden name: Margaret Stirling

MOTHER 15. Birthplace: Crisfield Md

16. Informant: Ernest L. Jones

Address: Crisfield, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12/29/46 (month) (day) (year)

Cemetery or crematory: Summer Rest

Location: Crisfield Md

18. Funeral director: Howard H Haviland

Address: 306 Main St Loweland

19. 12/26/46 (Date rec'd by registrar) Agatha E Fasbender Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 25 19 46 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 19 46 to Dec 25 19 46 and that I last saw alive on Dec 28 19 46

Immediate cause of death	DURATION
(a) Acute Dilatation	
Due to (b) Pulmonary Tuberculosis	6 mths
Due to (c)	
Due to (d)	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Geo E Cheeseman M D
M. D. or other

Address: Marion Md Date signed: 12-26-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

12379

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County: SOMERSET

City or town: MT VERNON RURAL
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MD. County: SOMERSET

City or town: MT. VERNON RURAL
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: NO

3.(a) FULL NAME: SALLY ANN JONES

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

8.(b) Name of husband or wife: ALONZA JONES

8.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): OCT 1, 1883

8. AGE:

Years	Months	Days	If less than one day
63			...hrs. ...min.

9. Birthplace: MT VERNON, SOMERSET, MD.
(Town, county, and state)

10. Usual occupation: HOUSEWIFE

11. Industry or business: SAME

FATHER 12. Name: JAMES S. ENT

13. Birthplace: MARY ELIZABETH JONES

MOTHER ~~SALLY ANN ENT~~ 14. Maiden name:

15. Birthplace

16. Informant: ELIZABETH NICHOLS

Address: MT. VERNON MD.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: DEC. 9 1946 (month) (day) (year)

Cemetery or crematory: JOHN WESTLEY

Location: MT. VERNON, MD.

18. Funeral director: Dale Darkill

Address: Pr. Geo.

19. Dec. 7 1946 (Date rec'd by Registrar) L.A. Johnson M.D. g.d. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 6 1946, at ... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 9th 1946, to Dec 6th 1946, and that I last saw her alive on Dec. 5th 1946

Immediate cause of death	DURATION
Acute Myocardial failure	1 hr.
Due to: CA. Myocarditis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE: Stan. A. Wheatley M. D. or other

Address: Princess Anne Date signed: 12/9/46

VS-A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (19)

CERTIFICATE OF DEATH

12380

Reg. Diat. No. 2610

1. PLACE OF DEATH:

County: Somerset

City or town: Marion
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Marion
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME George King

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	col	inf

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2 - 1946

8. AGE: Years | Months | Days: 3 | If less than one day: hrs. min.

9. Birthplace: Marion Somerset Co Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name: Geo King

13. Birthplace: Marion Somerset Co

MOTHER

14. Maiden name: Gladie Horsey

15. Birthplace: Marion Somerset Co

16. Informant: George King

Address: Marion Sta Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Dec 6-1946 (month) (day) (year)

Cemetery or crematory: Branch

Location: Marion Sta Md

18. Funeral director: Chas H Ward

Address: Marion Md.

19. Dec 7 1946 (Date rec'd by registrar) Mrs J Wilson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 5 1946, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 2 1946, to Dec 5 1946

and that I last saw h alive on Dec 4 1946

Immediate cause of death	DURATION
Pneumonia 7 mths	
Due to Cirrh.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Dewey A Cullum M D
M. D. or other

Address: Marion Sta Md Date signed: Dec 6 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

12381

Reg. Dist. No. 2650

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.F.D. 1
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: Isharel Edwin Lawson

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Nancy J.
6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 11 1881

8. AGE: Years	Months	Days	If less than one day
65	3	5	..... hrs. ..... min.

9. Birthplace: Crisfield (Town, county, and state)
10. Usual occupation: Waterman
11. Industry or business: Retired
FATHER 12. Name: Charles Wesley Lawson
13. Birthplace: Crisfield
MOTHER 14. Maiden name: Nancy J. Sterling
15. Birthplace: Crisfield
16. Informant: Ethel Ward
Address: R.F.D. 2 Crisfield
17. Disposal (Burial, cremation, or removal. Which?) Date thereof 12/19/46 (month) (day) (year)
Cemetery or crematory: Asbury Burial Park
Location: Crisfield Md
18. Funeral director: Edward H. Mears
Address: 306 Main St. Crisfield
19. 12/17/46 (Date rec'd by registrar) Agatha E. Tramble Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 16 1946 at 3 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1946 to Dec 16 1946
and that I last saw him alive on Dec 16 1946

Immediate cause of death	DURATION
Uremia - Cerebral Hemorrhage	16 dy
Due to Chronic Interstitial Nephritis	2 years
Due to Chronic myocarditis	
Other conditions: Generalized arteriosclerosis	yrs.

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Eugene C. Sullivan M.D. M. D. or other
Address: Crisfield Md. Date signed: Dec 17-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95)

CERTIFICATE OF DEATH

12382

Reg. Dist. No. 2600

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING — VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Marsokins Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? All life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DEACEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Marsokins
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME Charlotte Maddox

3.(b) Social Security Number

4. Sex: Female
5. Color or race: Col
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: George D. Maddox
6.(c) If alive, give age: 70 years
7. Birth date of deceased (mo., day, yr.): 1881 Not known exactly
8. AGE: Years: 65 Months: — Days: If less than one day: hrs. min.
9. Birthplace: Fairmont Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Bill Waters
13. Birthplace: Maryland
MOTHER 14. Maiden name: Margaret Waters
15. Birthplace: Maryland
16. Informant: George D. Maddox
Address: Marsokins Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 30. 46 (month) (day) (year)
Cemetery or crematory: Grasonville Methodist
Location: Marsokins Md
18. Funeral director: Chas H Ward
Address: Marion Md
19. 12/28 19 46 (Date rec'd by registrar) R. N. Johnson M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 28, 1946 1946 at 8.15 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ... to ... 19 ... and that I last saw h... alive on ... 19 ...

	DURATION
Immediate cause of death: Chronic Heart Disease	
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Henry M. Lankford M.D.
M.D. or other
Address: Princess Anne Md Date signed 12/27/46

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (062)

CERTIFICATE OF DEATH

12383

Reg. Dist. No. 26216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Pocomoke City, Ind Rk 1 (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Pocomoke City Rk 1 Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Clemre William Matthews

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Baby

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec 14 - 1946

8. AGE: Years | Months | Days: 7 | If less than one day: hrs. min.

9. Birthplace: Pocomoke City Rk 1 Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER — 12. Name: Ulysses Matthews

13. Birthplace: Virginia

MOTHER — 14. Maiden name: Helen Parker

15. Birthplace: Virginia

16. Informant: Ulysses Matthews

Address: Pocomoke City, Md Rk 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 22 1946 (month) (day) (year)

Cemetery or crematory: Christ M. E. Cemetery

Location: Pocomoke City, Md Rk 1

18. Funeral director: Ulysses Matthews

Address: Pocomoke City, Md Rk

19. Dec 21 1946 (Date rec'd by registrar) Mrs Clayton Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 21 19 46, at 830 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death: Cold in throat — DURATION

Due to: No Physician

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — injured at work?

23. SIGNATURE: Mrs Clayton Davis Registrar (M. D., or other)

Address: Pocomoke City, Md Date signed 12/21/46

1 - 35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (15-a)

CERTIFICATE OF DEATH

*12384

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 9-45-15M

1. PLACE OF DEATH:

County Somerset

City or town Oriole

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Oriole

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Elizabeth McDaniels

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widow Married

6.(b) Name of husband or wife Joseph McDaniels

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1864

8. AGE:

Years	Months	Days	If less than one day
82	6	17	hrs. min.

9. Birthplace Oriole, Somerset County, Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Housewife

FATHER 12. Name William Sheldon

FATHER 13. Birthplace Unknown

MOTHER 14. Maiden name Maria Sheldon

MOTHER 15. Birthplace Unknown

16. Informant Clarence Elzie

Address Oriole, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 3, 1946 (month) (day) (year)

Cemetery or crematory Junior order cemetery

Location Dale Md.

18. Funeral director Dale Dashiell

Address Princess Anne, Md.

19. 12/2 1946 (Date rec'd by registrar) R. H. Johnson M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1st 1946, at M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 to 19

and that I last saw h alive on 19

Immediate cause of death Broken hip

DURATION 1 mo.

Due to Carbon Monoxide poisoning

Due to Accidental fall. Cut on while walking out in yard.

Due to about two weeks before she died.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. H. Johnson M.D. M. D. or other

Address Princess Anne Md. Date signed 12/4/46

Mr. Johnson.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

12385

CERTIFICATE OF DEATH

Reg. Diat. No. 2610

1. PLACE OF DEATH:
County Somerset
City or town Kingston
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Somerset
City or town Marion Station
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Charles Edward Page
3.(b) Social Security Number

4. Sex M.
5. Color or race Col.
6.(a) Single, married, widowed, or divorced Child
6.(b) Name of husband or wife
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 9, 1942
8. AGE: Years 4 Months Days If less than one day hrs. min.
9. Birthplace Kingston, Md. (Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name Carlton Boston
13. Birthplace
MOTHER 14. Maiden name Martha Lee Page
15. Birthplace Palmyra, North Carolina
16. Informant Ireul Page
Address Kingston, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 21, 1946. (month) (day) (year)
Cemetery or crematory Waters Chapel
Location Kingston, Md.
16. Funeral director Charles H. Ward
Address Marion Sta., Md.
19. Dec 21 1946 (Date rec'd by registrar) Emma J Nelson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18 1946 at 1:30 P M
21. I CERTIFY that death occurred on the date above stated, that I attended deceased from 19 to 19 and that I last saw him alive 19
Immediate cause of death Could not Escape - his Body was Charred & Extremities burned off — DURATION
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results No
PHYSICIAN: Please underline the cause to which death should be charged statistically.

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accidental Date of Dec 18-1946
Where did injury occur? Kingston born Md
(City or town) (County) (State)
Injured at home, farm, industry, public place, (where?) His Home
Means of injury House Caught fire Burned him Injured or wounded how

23. SIGNATURE Wm Hcoulbourn M D
M. D. or other
Address Crisfield Md Date signed Dec 28/46

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10)

CERTIFICATE OF DEATH

12386

Reg. Dist. No. 2610

1. PLACE OF DEATH:
County: Somerset
City or town: Kingston
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 mos.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Kingston, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Clifford Louis Page

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed or divorced
M.	Col.	Child

6.(b) Name of husband or wife
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): March 20, 1946

8. AGE: Years | Months: 9 | Days | If less than one day: hrs. min.

9. Birthplace: Kingston, Somerset, Md.
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Henry Perry
13. Birthplace: Yorkshire, England

MOTHER
14. Maiden name: Lucy Page
15. Birthplace: Norfolk, Virginia

16. Informant: Ondine Page
Address: Kingston, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 21 1946 (month) (day) (year)
Cemetery or crematory: Waters Chapel
Location: Kingston, Md.

18. Funeral director: Charles H. Ward
Address: Marion Sta., Md.

19. Dec 21 1946 (Date rec'd by registrar) Emma J. Nelson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 18 1946, at 1.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., and that I last saw him alive on ... 19...

Immediate cause of death: Accidental Home Caught Fire and Burned them Due to Death Body Charred & Due to Explosives Burned

	DURATION

Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.

Autopsy results: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of Dec 18-1946
Where did injury occur: Kingston (City or town) Somerset (County) Md (State)
Injured at home, farm, industry, public place (where?): Home
How injury occurred: Home Caught Fire and Burned Them

23. SIGNATURE: Wm H Coulbourn M D (M. D. or other)
Address: Crisfield Md Date Dec 20-1946

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

12387

Reg. Dist. No. 2610

1. PLACE OF DEATH:
County: Somerset
City or town: Kingston
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Kingston
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Dewayne Eugine Page

3.(b) Social Security Number:

4. Sex: M.
5. Color or race: Col
6.(a) Single, married, widowed, or divorced: Child
6.(b) Name of husband or wife:
6.(c) If alive, give age: yeare
7. Birth date of deceased (mo., day, yr.): April 3, 1942
8. AGE: Years: 4 Months: Days: If less than one day: hrs. min.
9. Birthplace: Kingston, Somerset, Md. (Town, county, and state)
10. Usual occupation:
11. Industry or business:

FATHER
12. Name: James Bivens
13. Birthplace: Marion Station

MOTHER
14. Maiden name: Maggie Adella Page
15. Birthplace: Palmyra, North Carolina

16. Informant: Orend Page
Address: Kingston
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 21, 1946. (month) (day) (year)
Cemetery or crematory: Waters Chapel
Location: Kingston, Md.
18. Funeral director: Charles H. Ward
Address: Marion Sta., Md.
19. Dec 21 46 (Date rec'd by registrar) Tom J Nelson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 18 19 46 at 1:30 P M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ... to ... 19 ... and that I last saw ... alive on ... 19 ...

	DURATION
Immediate cause of death: His home Caught fire and Burned Him to Death	
Due to: Body was Charred & Extremeties were	
Due to: burned Of	
Other conditions:	

(Include pregnancy within three months of death)

Major findings of operations: Date of op.
Autopsy results: none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of injury: Dec 18-46
Where did injury occur? Kingston Somr Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) His Home Kingston
Manner of injury: House Caught fire & Burned Him (Nature of injury)

23. SIGNATURE: Wm H. Coulbourn M.D
M. D. or other
Address: Crisfield Md Date signed: DEC 20 46

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

12388

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

Reg. Dist. No. 2610

1. PLACE OF DEATH:
County Somerset
City or town Kingston (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md. County Somerset
City or town Marion Station (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Leroy Harrison Page
3.(b) Social Security Number

4. Sex M. 5. Color or race Col. 6.(a) Single, married, widowed, or divorced Child
6.(b) Name of husband or wife ——
6.(c) If alive, give age —— years
7. Birth date of deceased (mo., day, yr.) April 26, 1942
8. AGE: Years 4 Months Days If less than one day hrs. min.
9. Birthplace Kingston, Somerset, Md. (Town, county, and state)
10. Usual occupation ——
11. Industry or business
FATHER 12. Name Leroy Harrison Ewell
13. Birthplace Worchester Co, Pocomoke City
MOTHER 14. Maiden name Mary Elizabeth Page
15. Birthplace Palmyra, North Carolina
16. Informant Irene Page
Address Kingston, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 21, 1946 (month) (day) (year)
Cemetery or crematory Waters Chapel
Location Kingston, Md.
18. Funeral director Charles H. Hand
Address Marion Station, Md.
19. Dec. 21 1946 (Date rec'd by registrar) Ina J Wilson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18 1946, at 1 30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Was dead when I was 19 19
and that I last saw h__ alive on sent for — 19
Immediate cause of death Its home Caught Fire & Burned him to Death Body was Charred & Extremities Burned
Due to
Due to
DURATION
Other conditions (Include pregnancy within 3 months of death)

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

Major findings of operations
Date of op.
Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
(Accident), suicide, or homicide Accident Date of Dec 18-1946
Where did injury occur Kingston Som Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home Kingston Md
Means of injury House Caught Fire Burned
23. SIGNATURE Wm H Coulbourn MD M.D., or other
Address Crisfield Md Date signed Dec 20-46

1-35

Evidence for the addition of residence of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-E)

CERTIFICATE OF DEATH

FILM No. I 08 DEC 11 1946

12389 260 Reg. Diat. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Princess Anne
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Princess Anne
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Wilsie L Polk

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): 1917

8. AGE: Years: 29 | Months: 2 | Days: 2 | If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Housewife, was Maid

11. Industry or business

FATHER — 12. Name: John Polk
13. Birthplace: Maryland

MOTHER — 14. Maiden name: Nora King
15. Birthplace: Maryland

16. Informant: Andrew Miles
Address: Princess Anne

17. Burial (Burial, cremation, or removal? Which?) Date thereof 12/6/46 (month) (day) (year)
Cemetery or crematory: Allen Church
Location: Allen, Md.

18. Funeral director: William H. James Jr.
Address: Princess Anne

19. Dec. 5, 1946 (Date rec'd by registrar) H. F. Johnson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 3 1946, at 1:70a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Heart Disease	3 y.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Henry M. Lankford M.D.
Deputy Medical Examiner Somerset County
M. D. or other
Address: Princess Anne Md. Date signed 12/4/46

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

12390

Reg. Dist. No. 268

1. PLACE OF DEATH:
County: Somerset
City or town: Dames Quarter
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Dames Quarter
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Virginia Williams Roberts

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Blk	Married

6.(b) Name of husband or wife: Hamilton Roberts
6.(c) If alive, give age: 75 years
7. Birth date of deceased (mo., day, yr.): Notobtainable 1879

8. AGE: Years	Months	Days	If less than one day
67			hrs. min.

8. Birthplace: Dames Quarter Md (Town, county, and state)
10. Usual occupation: Housedueles
11. Industry or business: Home work
FATHER 12. Name: Noah Williams
13. Birthplace: Dames Quarter
MOTHER 14. Maiden name: Susan Roberts
15. Birthplace: Dames Quarter
16. Informant: Hamilton Roberts
Address: Dames Quarter Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 8-46 (month) (day) (year)
Cemetery or crematory: Dames Quarter Colored Cemetery
Location: Dames Quarter Md
18. Funeral director: H Gurbeler
Address: Dal Island Md
19. Dec 7th 1946 Rosa Webb
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 6th 1946, at 8:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10th 1942 to Dec 6th 1946 and that I last saw h.. alive on Dec 2nd 1946

	DURATION
Immediate cause of death: Diabetes Mellitus	4 years
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Edna G. Mansman M. D. or other
Address: Princess Anne Md Date signed: 12-7-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-E)

CERTIFICATE OF DEATH

12391

Reg. Dist. No. 2 6 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield R.F.D.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

Street No. R F D
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: Ward to. Sterling

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Ethel

6.(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Sept 8 1865

8. AGE: Years: 81 | Months: 2 | Days: 25 | If less than one day: ...hrs. ...min.

9. Birthplace: Somerset
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: Ship

FATHER
12. Name: Ward to Sterling
13. Birthplace: Somerset

MOTHER
14. Maiden name: Henrietta Wedsworth
15. Birthplace: Somerset

16. Informant: Ethel Sterling
Address: Crisfield Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof: 12/8/46 (month) (day) (year)

Cemetery or crematory: Somerset Cemetery

Location: Somerset Md

18. Funeral director: Howard M Williams

Address: 306 Main St Somerset Md

19. 12/5/46 19... (Date rec'd by registrar) Agatha E. Franklin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 3 1946 at ... M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Was Dead When I ... 19... and that I last saw h... alive on ... 19...

	DURATION
Immediate cause of death: Was Called	
Organic Heart	
Due to: Arterio Sclerosis	
Due to: Acute Cardiac	
Other conditions: Dilatation	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op...

Autopsy results: ...

PHYSICIAN: Please underline the cause of death which should be charted statistically.

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury: ... Injured at work?

23. SIGNATURE: Wm H Coulbourn M.D. M. D. or other

Address: Crisfield Md Date signed: Dec 5/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

CERTIFICATE OF DEATH

[illegible] 12392

Reg. Dist. No. 2650

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. 109 W. 2nd St.

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: Ira W. Sterling

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Thelma

6.(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): Nov. 14 1882

8. AGE:

Years	Months	Days	If less than one day
64	1	1	...hrs. ...min.

9. Birthplace: Crisfield (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: None

FATHER

12. Name: Charles Sterling

13. Birthplace: Crisfield

MOTHER

14. Maiden name: Sally Wainwright

15. Birthplace: Crisfield

16. Informant: Thelma W. Sterling

Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/17/46 (month) (day) (year)

Cemetery or crematory: Crisfield

Location: Crisfield Md

16. Funeral director: Harold D. Duncan

Address: 306 Main St Crisfield Md

19. 12/17/46 (Date rec'd by registrar) Agatha E. Franklin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 15 1946 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 14 1946 to Dec 15 1946 and that I last saw h— alive on Dec 15 1946

Immediate cause of death	DURATION
Cerebral Hemorrhage	48 hrs
Due to Essential Arteriosclerosis	
Chronic myocarditis	3 yrs
Due to Adenocarcinoma of prostate	
Other conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ...Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ...Injured at work?

23. SIGNATURE: Geo. A. Cochran M.D. M. D. or other

Address: Main St Md Date signed Dec 17 46

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

12393

Reg. Dist. No. 2-60

1. PLACE OF DEATH:

County: Somerset

City or town: Upper Hill md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 86 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Upper Hill
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary Elizabeth Wooten

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	Col	Married

6.(b) Name of husband or wife: Edward P Wooten

6.(c) If alive, give age: 83 years

7. Birth date of deceased (mo., day, yr.): Sept 10 1860

8. AGE: Years	Months	Days	If less than one day
86	2	23	...hrs. ...min.

9. Birthplace: Upper Hill Somerset Co Md
(Town, county, and state)

10. Usual occupation: House Work

11. Industry or business

FATHER
12. Name: Lambert T. Wooten
13. Birthplace: Upper Hill Somerset Co Md

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Edward P Wooten

Address: Upper Hill Md.

17. buried (Burial, cremation, or removal. Which?) Date thereof Dec 6-1946 (month) (day) (year)

Cemetery or crematory: Centennial Cemetery

Location: Fairmount Md

18. Funeral director: Chas H Wood

Address: Marion Md

19 Dec 5 19 46 (Date rec'd by registrar) R. E. Johnson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 3 19 46 at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 29 19 46 to Nov 29 19 46 and that I last saw h.. alive on Nov 29 19 46

Immediate cause of death	DURATION
Cerebral Arteriosclerosis	2 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ...Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ...Injured at work?

23. SIGNATURE: Frank Watts M. D. or other

Address: Princess Anne ...Date signed Dec 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

1-35-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(108)

12394

CERTIFICATE OF DEATH

Reg. Dist. No. 27-01

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? One day

Hospital, institution, or street address where death occurred: McCready Memorial Hospital

How long in hospital or institution? One day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Marion, RFD

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: MILDRED WILSON

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): August 4, 1945

8. AGE:

Years	Months	Days	If less than one day
1	4	23	____ hrs. ____ min.

9. Birthplace: Crisfield, Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER — 12. Name: John C. Wilson, Jr.

13. Birthplace: Marion Sta. Maryland

MOTHER — 14. Maiden name: Dyanthie Smith

15. Birthplace: Kingston, Md.

16. Informant: Mr. John C. Wilson, Jr.

Address: Marion, Md. RFD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 27, 1946 (month) (day) (year)

Cemetery or crematory: Sunny Ridge

Location: Hopewell, Md.

18. Funeral director: H. Harvey Bradshaw

Address: Crisfield, Md.

19. Jan 7 47 (Date rec'd by registrar) Chas J Wilson Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 27th, 1946 at 2:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 25 1946 to Dec 27 1946 and that I last saw h.. alive on Dec 27 1946

Immediate cause of death	DURATION
Acute Dilat Heart	
Due to: Lobar Pneumonia	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Geo. A. Dorchester M.D. M. D. or other

Address: Marion Sta Md Date signed Dec 28 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1-25

1-10

2-2700

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21218)

CERTIFICATE OF DEATH

★ 12395

Reg. Diat. No. 2600

1. PLACE OF DEATH:
County Somerset
City or town Upper Hill, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Somerset
City or town Upper Hill
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Martha E. Winston

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Widowed

6.(b) Name of husband or wife Frank Winston
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857. month & day on known

8. AGE: Years 89 | Months | Days | If less than one day hrs. min.

9. Birthplace Oude somerset co md (Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER 12. Name Levin Winder
13. Birthplace Upper Hill, Md.

MOTHER 14. Maiden name on knowm
15. Birthplace on knowm

16. Informant Laura Johnson
Address Upper Hill md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 6-1946 (month) (day) (year)

Cemetery or crematory Upper Hill md
Location Upper Hill Md
18. Funeral director Charles H. Hazel
Address Marion Sta. Md.

19. Dec 3 1946 L. D. Johnson M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1946, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw h alive on 19

	DURATION
Immediate cause of death Chronic Disorder, Senility	
Due to: This patient has been	
Due to treated by Dr. F. Miller for	
Other conditions Grippe & Tonsil and was not	
be back for several days - I have	

(Include pregnancy within 3 months of death)

Major findings of operation Signed this death subject to Health Officer Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. H. Johnson M.D. M. D. or other
Address Marion Sta. Md. Date signed Dec 3 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

1-35

Evidence for the addition of residence of deceased is shown on G 108 1/23 47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 166

CERTIFICATE OF DEATH

Reg. Dist. No. 12578 760

1. PLACE OF DEATH:
County Somerset
City or town Eden
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Eden.
(If outside city or town limits, write RURAL and give nearest town)
Street No. R. F. D.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Paul C. Wright

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 23, 1927

8. AGE:

Years	Months	Days	If less than one day
19	6	14	____ hrs. ____ min.

9. Birthplace Eden, Md (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Saw Mill
FATHER 12. Name Noah Wright
13. Birthplace Maryland
MOTHER 14. Maiden name Beatrice Cornish
15. Birthplace Maryland
16. Informant Noah Wright
Address Eden, Md
17. Buried (Burial, cremation, or removal. Which?) Date thereof 12/11/46 (month) (day) (year)
Cemetery or crematory Wright
Location Eden md
18. Funeral director William H. James Jr.
Address Princess Anne Md.
19. Dec. 11, 46 (Date rec'd by registrar) R. D. Johnson M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1946, at 4 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__
and that I last saw h__ alive on ____ 19__

Immediate cause of death	DURATION
Gun shot of head	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide~~, or homicide Hothmon Date of 12/7/46
Where did injury occur? Eden (City or town) Somerset (County) Md (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Shot in head Injured at work? No

23. SIGNATURE Henry M. Bradford M.D.
M. D. or other
Address Princess Anne Md Date signed 12/10/46

HENRY M. BRADFORD, M.D. Princess Anne, Somerset County, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

12396

CERTIFICATE OF DEATH

Reg. Dist. No. 2610

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County Somerset
City or town Marion Station
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 64
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Somerset
City or town Marion Station
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Elizabeth Young

3.(b) Social Security Number 217-12-4162

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fe.	Col.	Married

6.(b) Name of husband Thomas Young

8.(c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) April 18, 1870

8. AGE:	Years	Months	Days	If less than one day
	76	7	29	hrs. min.

9. Birthplace Accomack County, Virginia
(Town, county, and state)

10. Usual occupation House Work & seafood work

11. Industry or business

FATHER
12. Name James Corbin
13. Birthplace Accomack, Va.

MOTHER
14. Maiden name Anna Caswell
15. Birthplace Accomack, Va.

16. Informant Richard Young
Address Marion Sta., Md.

17. Burial Date thereof Dec. 20, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Branch Cemetery
Location Marion Sta., Md.

18. Funeral director Charles H. Ward
Address Marion Sta., Md.

19. Dec 20 1946 Lena J. Nelson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1946, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov 1 1946, to Dec 17 1946
and that I last saw h[illegible] alive on Dec 15 1946

Immediate cause of death	DURATION
Coronary Occlusion	12 hrs
Acute Dilatation	
Due to Chronic Myocarditis	Years
Due to Chronic Interstitial Nephritis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [illegible] M. D.
M. D. or other
Address Marion Sta Md Date signed Dec 19 1946

1-35